An Outline of an
Annual Publication

MEDICARE

1966

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Summary

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
OFFICE OF RESEARCH AND STATISTICS

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Summary

MEDICARE: ANNUAL DATA

Data from the Medicare program will be published annually in the following Sections, beginning with 1966, which will be treated as a full year:

Section	Health Insurance for the Aged
1.	Summary
2.	Enrollment in the Health Insurance Program
3.	Characteristics of providers participating in the Health Insurance Program
3.1	Participating hospitals
3.2	Participating home health agencies
3.3	Participating independent laboratories) these Sections begin
3.4	Participating extended care facilities) with 1967 data
4.	Inpatient hospital care
4.1	Care in short-stay hospitals
4.2	Care in tuberculosis hospitals
4.3	Care in psychiatric hospitals
4.4	Care in other long-stay hospitals (general and special)
4.5	Services in extended care facilities--Section begins with 1967 data
5.	Outpatient hospital services
6.	Home health services
7.	Physicians' and other medical services
7.1	Physicians' services
7.2	Group practice prepayment plans
7.3	Hospital-based physicians' services
7.4	Independent laboratory services
7.5	Miscellaneous medical services
8.	Medical history ("person" tables)
	Emphasis in this Section will be on total utilization and charges for an individual.

Plans not yet completed for Sections 1, 3.3, 3.4, 4.5, 7.2, and 8.

Some definitions and classifications used for Medicare data
(Additional definitions are shown within the data descriptions)

AGE: Age at last birthday shown in following classes--
65 & 66, 67 & 68, 69 & 70, 71 & 72, 73 & 74;
65 and over: 65-69, 70-74, 75-79, 80-84, 85 and over.

COLOR: White, nonwhite, as shown in Social Security or Railroad Retirement records.

SEX: Men, women, as shown in Social Security or Railroad Retirement records.

STATE: Mailing address of beneficiary. Generally, census regions, census divisions, States, and outlying areas are shown in "State" tables.

METROPOLITAN COUNTIES: All counties in the standard metropolitan statistical areas as defined by the Bureau of the Budget.

NONMETROPOLITAN COUNTIES: All remaining counties.

DIAGNOSIS: The primary (or first stated) diagnosis is coded according to International Classification of Diseases, Adapted (1962).

SELECTED DIAGNOSES: Specific diagnoses, or grouped diagnoses, to be determined.

MEDICAL OR SURGICAL PROCEDURE: Coded according to Current Procedural Terminology (American Medical Association, 1966).

SURGERY: To be defined in terms of classifications given in the Current Procedural Terminology.

NONSURGERY: All other procedures given in the Current Procedural Terminology.

HEALTH INSURANCE FOR THE AGED: MEDICARE DATA
Approximate contents of proposed publication for 1966 and 1967

SECTION 1. SUMMARY

Final data plans are not yet completed. A summary based on preliminary data will be released around the end of 1968, with the following contents:

Type of Service Received by State of Residence of Beneficiary

Type of Service Received by Age, Color, and Sex of Beneficiary

TYPE OF SERVICE: PART A--Hospital inpatient, home health, outpatient.

PART B--Physicians' and other medical services, home health, outpatient.

by number of persons served
by persons served per 1,000 enrolled persons
by amounts reimbursed
by amounts reimbursed per person served
by amounts reimbursed per person enrolled

Summary of Utilization and Reimbursement

Total enrollment, persons who received no reimbursement, persons reimbursed under Parts A and B, under A only, under B only; and average amounts of reimbursement.

by State of residence of beneficiary
by age, color, and sex

Distribution of Reimbursement Amounts for Each Person Served

Reimbursement for Parts A and B combined; for Part A; and for Part B.

DISTRIBUTION: Under $50, $50-99, $100-149, $150-199, $200-249, $250-299, $300-349, $350-399, $400-499, $500-749, $750-999, $1,000-1,499, $1,500-1,999, $2,000 and over.

by State of residence of beneficiary
by age, color, and sex

SECTION 2. ENROLLMENT IN THE HEALTH INSURANCE PROGRAM

Enrollment by Age, Color, and Sex by Coverage and Entitlement: July 1, 1966

ENROLLMENT: Persons eligible for benefits under Hospital Insurance as described in Public Law 89-97, or enrolled for Supplementary Medical Insurance.

COVERAGE: Hospital Insurance (Part A), Supplementary Medical Insurance (Part B), Hospital and Medical Insurance (Parts A and B).

ENTITLEMENT: Social Security beneficiaries, Railroad Retirement beneficiaries, other enrolled persons.

Enrollment by Age, Color, and Sex by Coverage: Midyear (Oct. 1, 1966, July 1, 1967)

by State, census division, and region (mailing address of beneficiary)
by SMSAs of 500,000 or more population in 1960 (individual areas)
by groups of SMSAs by population size in 1960

Enrollment by Age: Midyear

by county of residence of beneficiary (mailing address of beneficiary)
by groups of metropolitan and nonmetropolitan counties in each State

New Enrollments and Terminations: Each Month

by age, color, and sex
by coverage

Enrollment for Supplementary Medical Insurance of Persons on Public Assistance, by Age, Color, and Sex: Midyear

For each State that had paid premiums for Supplementary Medical Insurance for persons on Public Assistance rolls (Buy-in States).

SECTION 3. CHARACTERISTICS OF PROVIDERS PARTICIPATING IN THE HEALTH INSURANCE PROGRAM

SECTION 3.1 PARTICIPATING HOSPITALS

Number of Hospitals and Beds, and Beds per 1,000 Enrolled Population

TYPE OF HOSPITAL: Short-stay, long-stay general and special, tuberculosis, psychiatric, other.

by type of hospital
by State (location of hospital)
by each SMSA of 500,000 or more population in 1960
by groups of SMSAs by population size in 1960

Number of Hospitals by Control, Type of Hospital, and Bed-size

CONTROL: Church, other voluntary, proprietary, government.

BED-SIZE: Under 25, 25-49, 50-99, 100-149, 150-199, 200-249, 250-299, 300-399, 400-499, 500-749, 750-999, 1,000-1,999, 2,000 and over.

by State (location of hospital)

Number of Hospitals by Bed-size and Type of Hospital Reporting Specific Facilities

FACILITIES: Blood bank, clinical laboratory, pathology laboratory, etc.

Number of Hospitals and Beds by Type of Hospital, by Accreditation, and by Affiliation

ACCREDITATION: Accredited by Joint Commission on Accreditation of Hospitals.

AFFILIATION: 1) Affiliated with medical school,
2) intern program only (not included in 1),
3) resident program only (not included in 1 or 2).

by State (location of hospital)
by groups of metropolitan and nonmetropolitan counties in each State

SECTION 3.2 PARTICIPATING HOME HEALTH AGENCIES

Home Health Agencies by Type of Agency and by Type of Service Provided by the Agency

TYPE OF AGENCY: Visiting nurse association, combined government and voluntary agency, official health agency, hospital-based agency, all other home health agencies.

TYPE OF SERVICE: VISITS: skilled nursing care, physical therapy, speech therapy, occupational therapy, medical social services, home health aide, other visits.

SERVICES: ambulance service, surgical and medical supplies, durable medical equipment, internal prosthetic devices, artificial limbs, other external prostheses, miscellaneous supplies.

by State (location of agency)

SECTION 3.3 PARTICIPATING INDEPENDENT LABORATORIES

SECTION 3.4 PARTICIPATING EXTENDED CARE FACILITIES

Data will be shown in 1967 series. Table plans are not yet completed.

SECTION 4. INPATIENT HOSPITAL CARE

SECTION 4.1 CARE IN SHORT-STAY HOSPITALS

Tabulations include all discharges for 1966 (or for 1967) and show separately discharges for surgery and nonsurgery; and, for selected items, whether discharged dead or discharged alive.

Number of Discharges by Length of Stay in Single Days

by hospital charges, total, per discharge, per day
by amount of reimbursement and percent of total charge

Section 4.1 continued.

Number of Discharges by Median and Mean Length of Stay

by State of residence of discharges
by type of hospital control
by age, color, and sex of discharges

Number of Discharges by Length of Stay Classes

LENGTH OF STAY CLASSES IN DAYS: Mean; median; less than 1, 1; 2,3; 4,5; 6,7; 8-10; 11-14; 15-21; 22-28; 29-35; 36-42; 43+ days.

by age, color, and sex
by type of hospital control by bed-size
by hospital affiliation
by accreditation

Days of Care: Total and Rate Per 1,000 Enrolled Population; Covered Days and Percent of Total; Covered Days Per Discharge

COVERED DAYS: Days of hospital care for which charges are reimbursable in whole or part under the program.

by State of residence of discharges
by age, color, and sex of discharges
by type of hospital control and by bed-size (percent distribution replaces rate per 1,000)

Hospital Charges: Total, Per Discharge, Per Day

by State of residence of discharges
by age, color, and sex of discharges
by type of hospital control by bed-size

Reimbursement by Hospital Insurance: Amount, Percent of Total Charge

by State of residence of discharges
by age, color, and sex of discharges
by type of hospital control by bed-size

Section 4.1 continued.

Selected Diagnoses: Number of Discharges by Sex

by with or without surgery
by presence or absence of additional diagnoses
by discharged dead or alive
by total days of care

Selected Diagnoses by Sex: Mean Length of Stay in Days

by with or without surgery
by presence or absence of additional diagnoses
by discharged dead or alive

Selected Diagnoses by Length of Stay Classes

by age, color, and sex of discharges
by bed-size
by hospital control
by affiliation of hospital
by accreditation of hospital

Persons by Number of Hospital Stays (1,2,3+ hospital stays)

by days of care, charges, reimbursement, and noncovered charges
by age, color, and sex
by discharged dead or alive

Admissions, Discharges, Total Days of Care, Length of Stay: Numbers and Rates

by month for surgical and nonsurgical patients

SECTION 4.2 CARE IN TUBERCULOSIS HOSPITALS

SECTION 4.3 CARE IN PSYCHIATRIC HOSPITALS

SECTION 4.4 CARE IN OTHER LONG-STAY HOSPITALS (GENERAL AND SPECIAL)

Data for discharges from all long-stay hospitals follow general pattern of tables for discharges from short-stay hospitals with somewhat less detail of cross-classification. In addition, for admissions and persons remaining in hospital at end of period, the following information will be shown:

Total days of care
Covered days of care
State of residence
Age, color, and sex
Number by month

SECTION 5. OUTPATIENT HOSPITAL SERVICE (UNDER PARTS A AND B)

OUTPATIENT SERVICES: Medical care, surgery, diagnostic x-ray, diagnostic laboratory, radiation therapy, anesthesia, treatment by residents and interns, other.

Number of Persons Receiving Outpatient Hospital Services and Rate Per 1,000 Enrolled Population

by State of residence of beneficiary
by age, color, and sex
by type of hospital by type of hospital control
by type of hospital by type of affiliation
by type of hospital by accreditation
by bed-size of hospital
by month for all services, and for first service

Total Charges for Outpatient Hospital Services and Charges Credited to Part B Deductible

by State of residence of beneficiary
by age, color, and sex
by type of hospital by type of hospital control
by type of hospital by type of affiliation
by type of hospital by accreditation
by bed-size of hospital

Amounts Reimbursed for Outpatient Hospital Services, Percent of Total Charges, Amount Reimbursed Per Person Served and Per Person Enrolled

by State of residence of beneficiary
by age, color, and sex
by type of hospital by type of hospital control
by type of hospital by type of affiliation
by type of hospital by accreditation
by bed-size of hospital

Number of Persons Receiving Outpatient Hospital Services by Type of Service

by type of hospital by type of hospital control
by type of hospital by type of affiliation
by type of hospital by accreditation
by bed-size of hospital

Note: This Section will be revised for 1968 to conform to the Social Security Amendments of 1967.

Section 5. continued.

Selected Diagnoses: Number of Persons Served

by with or without surgery
by presence or absence of additional diagnoses
by sex

Selected Surgical Procedures: Number Reported

by type of hospital
by sex

Other Services: Number Reported by Type of Service

by type of hospital
by sex

Persons Served and Rate Per 1,000 Enrolled Population

by month
by age, color, and sex

SECTION 6. HOME HEALTH SERVICES (UNDER PARTS A AND B)

TYPE OF AGENCY: Visiting nurse association, combined government and voluntary agency, official health agency, hospital-based agency, all other home health agencies.

TYPE OF SERVICE: VISITS: skilled nursing care, physical therapy, speech therapy, occupational therapy, medical social services, home health aide, other visits.

SERVICES: ambulance service, surgical and medical supplies, durable medical equipment, internal prosthetic devices, artificial limbs,other external prostheses, miscellaneous supplies.

Section 6. continued.

Number of Persons Receiving Home Health Services and Services Reported

by State of residence of beneficiary
by age, color, and sex
by type of service
by elapsed time between start of care and discharge from home health service
by type of agency providing service by type of service
by type of agency providing service by State of residence of beneficiary
by selected diagnoses by type of service, and services per person
by month of admission to home health care
by month of discharge from home health care

Persons Receiving Services Per 1,000 Enrolled Population, Services Per 1,000 Enrolled Population, Services Per Person Served

by State of residence of beneficiary
by age, color, and sex
by type of service
by month of admission to care
by month of discharge from care

Total Charges, and Amount Reimbursed: Total, Per Person Served, Per Person Enrolled, and Percent of Total

by State of residence of beneficiary
by age, color, and sex
by type of service

Status of Patient: Discharged Alive or Dead, Under Care at Year's End With or Without Benefits Exhausted

by number of persons served and number of services for first and later episodes of care
by type of service
by elapsed time between start of care and discharge from home health service
by age, color, and sex

Amounts Reimbursed: Total and Average Per Service

by type of agency providing service
by type of service
by State of residence of beneficiary

SECTION 7. PHYSICIANS' AND OTHER MEDICAL SERVICES

SECTION 7.1 PHYSICIANS' SERVICES

PHYSICIANS' SERVICES: Medical care, surgery, consultation, diagnostic x-ray, diagnostic laboratory, radiation therapy, anesthesia, assistance at surgery, other.

PLACE OF MEDICAL SERVICE: Doctor's office, patient's home, inpatient hospital, outpatient hospital, extended care facility, other.

Persons Reporting Physicians' Services: Number and Rate Per 1,000 Enrolled Population

by State of residence of beneficiary
by age, color, and sex

Total Charges, Reasonable Charges: Amount, Per Person Served, Per Person Enrolled, Percent of Total Charge

by State of residence of beneficiary
by age, color, and sex

Persons Served, Services Reported, Services Reported Per Person Served, Total Reasonable Charges and Average Per Service

by place of service by type of service
    by age, color, and sex
by type of service
    by physician specialty
by place of service for selected types of service
    by physician specialty

Distribution of Reasonable Charge Per Service

DISTRIBUTION: Single dollars through $14; $5 classes through $49; $10 classes through $99; $50 classes through $799; $800-899; $900-998; $999 and over.

by type of service
by age, color, and sex

Section 7.1 continued

Selected Diagnoses: Average Reasonable Charge

by State of residence of beneficiary
by age, color, and sex

Selected Diagnoses by Sex

by with or without surgery
by presence or absence of additional diagnoses

Number of Medical Care Services Per Person

NUMBER OF SERVICES: 1, 2, etc., 50 and over.

by place of service
by age, color, and sex

Selected Medical Procedures

by place of service by age, color, and sex
by place of service and dollar distribution of reasonable charges

Selected Surgical Procedures in Hospital

by dollar distribution of reasonable charges
by average reasonable charge by State

Selected Nonhospital Surgical Procedures

by place of service by age, color, and sex
by place of service and dollar distribution of reasonable charges
by average reasonable charge by State

Selected Diagnostic Laboratory Tests and Other Specified Medical Services

Number performed, number persons for whom performed, number per person, total charges, and reasonable charges per test, and per person.

Section 7.1 continued.

Persons Receiving Physicians' Services, Reasonable Charges, and Charges Per Person

by month by age, color, and sex

Selected Surgical Procedures by Physician Specialty

Number of persons served, number of services, total reasonable charge and reasonable charge per service. (Reporting of physician specialty was required beginning with 1967 data.)

SECTION 7.2 GROUP PRACTICE PREPAYMENT PLANS

Persons Served: Number and Rate Per 1,000 Population

Services Provided: Number Per Person

by age and sex

Persons Served, by Type of Service

Services Reported by Type of Service

Services Per Person by Type of Service

by place of service by age and sex

Additional tables will be planned to show utilization of services outside the Plans by members of group practice prepayment plans. Tables by diagnosis and procedure will also be included.

SECTION 7.3 HOSPITAL-BASED PHYSICIANS' SERVICES

Persons Served: Number and Rate Per 1,000 Enrolled Population

Total Charges, and Charges for Physicians' Services--Amount, Per Person Served, Per Person Enrolled, and Percent of Total Charges

by State
by age, color, and sex

Persons Served, and Total Charges

by place of service by type of service
by age, color, and sex
by physicians' specialty by type of service

Persons Served by Type of Service

by type of hospital by type of hospital control
by hospital accreditation
by hospital affiliation

Average Charge for Selected Diagnoses

by State

Persons Served, Total Charges, Reimbursement, and Rates Per 1,000 Enrolled Population

by month by age, color, and sex

SECTION 7.4 INDEPENDENT LABORATORY SERVICES

Persons Served and Rate Per 1,000 Enrolled Population

Services Reported: Number, Rate Per 1,000 Enrolled Population, Per Person Served

Total Charges, and Reasonable Charges: Amount, Per Person Served, Per Person Enrolled, Percent of Total Charges

by State
by age, color, and sex

Persons Served, Services Reported, Services Per Person, Reasonable Charges, Reasonable Charge Per Service, Reasonable Charge Per Person

by detailed procedure codes

Persons Served, Rate Per 1,000 Enrolled Population, Number of Services Reported, Services Per Person

by month by age, color, and sex

SECTION 7.5 MISCELLANEOUS MEDICAL SERVICES

Persons Served and Rate Per 1,000 Enrolled Population, Services Reported, and Rate Per 1,000 Enrolled Population, Per Person Served; Total Charges, Reasonable Charges: Amount, Per Person Served, Per Person Enrolled, Percent of Total Charge

by State
by age, color, and sex

Section 7.5 continued.

Type of Service and Type of Supplier, Persons Served, Services Reported, Reasonable Charges: Total and Per Service

by age, color, and sex

TYPE OF SERVICE CLASSIFIED AS: Ambulance service, surgical and medical supplies, durable medical equipment, internal prosthetic devices, artificial limbs, other external prostheses, miscellaneous.

TYPE OF SUPPLIERS CLASSIFIED AS: Medical supply company--with certified orthotist, with certified prosthetist, with certified prosthetist-orthotist--or other; individual--certified orthotist, prosthetist, prothetist-orthotist--or other; ambulance service, Government health agency, voluntary agency, all other suppliers.

Persons Served, Services Reported, Total Charges, Reasonable Charges, and Rates Per 1,000 Enrolled Population

by month by age, color, and sex

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